

**DIVISION OF PUBLIC HEALTH
TOBACCO PREVENTION AND CONTROL
PROGRAM**

**SUBRECIPIENT MONITORING PLAN
2008-2009**

MONITORING PRACTICES FOR THE TOBACCO PREVENTION AND CONTROL PROGRAM

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PROGRAM OVERVIEW

Catalog of Federal Domestic Assistance #93.283 Centers for Disease Control and Prevention - Chronic Disease Prevention and Health Promotion Programs, Comprehensive Tobacco Use Prevention and Control Program is the state program addressed with this monitoring plan.

Tobacco use is the leading preventable cause of death in North Carolina and the nation. The North Carolina Tobacco Prevention and Control Branch (TPCB), Division of Public Health, works to improve the health of North Carolina residents by building the capacity of diverse organizations and communities to carry out effective policy, media and program services in four goal areas:

- Goal 1: Prevent Tobacco use Initiation among Young People
- Goal 2: Eliminate Exposure to Secondhand Smoke
- Goal 3: Promote Quitting Among Young People and Adults
- Goal 4: Identify and Eliminate Tobacco-Attributable Health Disparities

TPCB PRIORITY POLICY INITIATIVES

9 Month Extension - June 30, 2008 – March 29, 2009

Based on The Guidelines for Community Preventive Services, the 2006 Surgeon General's Report, NC data, policy/program status, interviews of active stakeholders, key elected officials, and considering NC's limited resources, these long range policy initiatives are a third draft of the priorities for the 9 month extension, following the close of the NCGA Short Session:

Goal Area: Eliminating exposure to secondhand smoke (SHS)

- 1) Make all NC worksites smokefree with emphasis on disparate populations by working with state and local partners to educate elected officials and build support to adopt and promote compliance with any or a combination of the following evidence based policies:
 - a. Eliminate smoking in state and local government buildings by successfully implementing HB 24 at the state level and by assisting local governments to make all local government buildings smokefree;
 - b. Chipping away at barriers, making incremental public policy changes to eliminate exposure to secondhand smoke, including but not limited to making all state vehicles smokefree and allow local governments to make all local government vehicles smokefree; and allowing for 100% tobacco free community colleges buildings and grounds.
 - c. Build support to ban on smoking in:
 - i. All NC food and lodging facilities, in
 - ii. All NC workplaces and public places;
 - iii. State and local government grounds; and
 - iv. Restore authority to local governments to pass smokefree ordinances for all worksites and public places;

- d. Promote Private (voluntary) bans on smoking in restaurants, workplaces and other public places

Note: Option b involves providing education and policy analysis for state and local elected officials, local health directors, state & community advocacy groups that want to strategically eliminate barriers from NCGA GS Chapter 143 Article 64 595-601.

Goal Area: Promoting quitting among young people and adults

- 1) Develop infrastructure and systems support for evidence-based tobacco treatment:
 - a) Leverage resources to fully provide and promote NC's proactive Quitline for all NC with emphasis on disparate populations, especially low socioeconomic status (SES) adults; **specifically build support for an expansion budget request of \$1.5 million to expand Quitline services to adults** whose calls are not covered by Health and Wellness Trust, who pays for calls from their populations which include youth, young adults, and those adults whose tobacco use behavior influences youth including any employee of K-12 school system or child care center or a primary caregiver of a child under 18 years of age living at home.
 - b) Remove barriers to allow distribution of NRT for those that sign up for the NC Quitline coaching services with emphasis on low SES pops;
 - c) Increase the number of public and private payers that reimburse for cessation services; and
 - d) Promote the adoption of the DHHS Clinical Practice Guidelines for worksites adopting tobacco free/smokefree policies.

Goal Area: Preventing the initiation of tobacco use among young people

1. Educate the public and decision-makers about the public health impact of increasing the cigarette tax by 75 cents– (\$1.10) and Build support to increase the cigarette tax from 35 cents to at least the national average of \$1.14 (\$1.21 in non-tobacco producing states).
2. Work with the Health and Wellness Trust Fund (HWTF) to assure compliance with SB1086 making all NC school districts 100% tobacco free.
3. Work with partners to clarify the law such that local governments can make parks where children play smokefree to provide good role models to children, to reduce litter, and to eliminate the hazard of babies and toddlers ingesting cigarette butts.

Goal Area: Identifying and eliminating the disparities related to tobacco use and its effects among different population groups

TPCB has incorporated diverse and disparate populations as a cross cutting issue into each of the goal areas.

Specifically, identify real voices of real NC people who are ethnically, racially, culturally and geographically diverse have stories to tell about:

- how tobacco use or exposure to secondhand smoke has affected their health
- how working in a smoky workplace is a problem or how working in workplace that has gone smokefree had helped their health

- how using the NC Tobacco Use Quitline helped them quit using tobacco
- how making their business smokefree was good for the health of employees, customers and the bottom line

Funding and infrastructure

Increase the funding for NC tobacco prevention and control toward CDC’s minimum *Best Practices Recommendations*. CDC’s Best Practices published in 1999 recommends and Annual Investment in NC of \$106.8 million. Focus for 2008 is on increasing state funds in Cessation Intervention and maintaining or increasing state and community intervention.

The North Carolina Department of Health and Human Services was awarded a five-year cooperative agreement with a 9-month cost extension, CENTERS FOR DISEASE CONTROL AND PREVENTION – CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION PROGRAMS (B); a multi-grant for Tobacco, Nutrition and Physical Activity, WiseWoman, Arthritis, BRFSS, and Genomics Programs. The grant award period is June 30, 2003 to March 29, 2008. Funding from the Centers for Disease Control and Prevention for 2008-2009 (9-months) totals \$1,201,138.

100% Spending Plan is implemented each year. The process begins at mid year, when grantees are asked to review their progress and declare if they expect to spend 100% of program funds. If they expect not to spend all funds, Field staff will discuss local evidence-based options toward their annual action plan. If they do not have the capacity to spend all of their grant funds on evidence-based practices, they are asked to declare the funds available. Wish lists are developed by all stakeholders and the TPCB Management Team makes a decision about how to redirect funds so that 100% of the funds are spent on evidence-based tobacco prevention and control activities.

SUBRECIPIENTS

The TPCB provides funds to eight local health departments (grantees) to support a full time staff person and intervention budget in each county to implement tobacco prevention and control activities at the local level. The Consolidated Agreement between the Division of Public Health and each local health department is the mechanism for transfer of funds. Below is a list of the funded local health departments and 9-month cost extension award amounts.

1. Appalachian District Health Department	\$42,070
2. Buncombe County Health Department	\$44,625
3. Craven County Health Department	\$39,855
4. Guilford County Health Department	\$57,750
5. Haywood County Health Department	\$44,625
6. Mecklenburg County Health Department	\$54,000

7. New Hanover County Health Department	\$39,856
8. Wake County Health Department	\$57,750

PRE-AWARD MONITORING PROCEDURES

Monitoring is an ongoing activity that begins at the application process and continues throughout the award and the life of the contract. The TPCB monitoring process includes the following elements.

A. Outreach to TPCB Subrecipients:

In the Request for Proposals (RFP), Request for Applications (RFA), and initial bidding process for contracts phases, the Branch clearly conveyed its commitment to the CDC's goals; legal and programmatic requirements for compliance with applicable administrative rules and cost principles; and agency application procedures, formats and deadlines. These requirements were given to and agreed upon with the local health departments in 2003-2004 when the counties participated in a RFP process and were awarded the five-year funding commitment from the Branch. With the initial signing of contract addendum, the contractors are also agreeing to these requirements.

B. Formulation of specifications for selecting subrecipients:

The Branch developed guidelines for selection of subrecipients that include consideration of past performance in the administration of sub-awards; appraisal of the potential subrecipient's program goals, objectives, existing infrastructure and evaluation procedures; analysis of the proposed budget and its narrative explanation; and appraisal of the applicant's facilities, manpower (to include expertise), and management capabilities.

C. Application review:

The application review processes were structured to ensure consideration of the applicant's compliance with RFP requirements. The review also measured and recorded each applicant's relative attainment of pre-established selection criteria.

D. Pre-decisional site visit:

TPCB Site visits are required prior to a final award to any non-governmental agency:

1. That has not received previous grant awards, or that has not been awarded grant funds for a particular program before.
2. Whose previous performance raises questions about its ability to comply with programmatic or fiscal requirements.

The Manager of Administration and Field Operations, and Field Team will conduct pre-decisional site visits.

E. Pre-award negotiation:

Any areas of concern or need for additional information or clarification noted during the application review is addressed to the applicant prior to award. At this stage in the sub-award process, the Branch firmly and clearly delineates its expectations and ensures that the potential subrecipient understands and will support the agency's programmatic goals and values.

RISK ASSESSMENT

TPCB uses the risk assessment process defined by the Division of Public Health. The amount of financial and programmatic monitoring, and the techniques used will vary based upon this risk-based system.

The DPH Local Technical Assistance and Training Office will determine if conditions warrant assignment of a high risk assessment to a local health department for fiscal reasons.

MONITORING SCHEDULE FOR SITE VISITS

Field staff visit each participating Local Health Department quarterly (August, November, February and May.) The Site Visit Monitoring Report is completed after each visit.

PREPARING FOR A SITE VISIT

Prior to the site visit, field staff reviews:

- Annual action plans
- Indicator Progress Tracking System (iPTS) monthly progress reports
- Past site visit documentation
- Mid-year budget reports
- The RFP, RFA, work plan or other available documents to gain an understanding of the program, services, and deliverables.
- State and federal laws applicable to the program.
- The consolidated agreement and contract addenda.
- The prior year audit, if available.

The Compliance Supplement for the program to determine which compliance requirements are applicable.

ACTIVITIES PERFORMED AT SITE VISITS

Observation of operations, interventions

Review of financial records (mid year and end of year)

Meeting with local Health Director or designee at least annually and as needed

Meeting with supervisor at least annually and as needed

Meeting with key stakeholders, coalition members and/or partners at least annually and as needed

Discussion of Quarterly Assessment and Recommendations

Problem Solving and Technical Assistance

Strategic Planning

MONITORING TOOLS

TPCB Monitoring Tools Include:

1. *CDC Chronicle* – an online password protected national reporting system. TPCB completes an Annual Progress Report approximately 60 days after the end of the fiscal year. CDC Interim Progress Report provides mid year progress and outlines next fiscal year plan, budget and indicators (due Feb-March each year). Field staff reports on Local Grants management indicators.
2. Contract Addenda are developed and provided to all local grantees based on the Plan submitted for the following fiscal year in the Interim Progress Report at mid year. The Contract Addenda are included in the DPH Consolidated Agreement with the local health departments. The Branch ensures that prior approval requirements are included in contract addenda and that they are reviewed against the approved budget and scope.
3. New contracts are awarded once a competitive bid process has been completed.
4. Annual Action Plans are negotiated with all local grantees during June each year to be in place July 1st. (In 2009-10, the fiscal year will be March 30, 2009 – March 29, 2010.) Annual Action Plans must be inline with evidence-based priorities in the CDC grant. Local CDC funded grantees must demonstrate support for the activities from the local health department and other key stakeholders. Objectives must be SMART (Specific, Measurable, Achievable, Realistic and Time-framed.)
5. Written Progress Reports for local grantees are submitted monthly through an ACCESS based reporting program, called *indicator* Progress Tracking System (*iPTS*). Instructions and help file are provided in *iPTS*. Data entries are verified by field staff.
6. The Field Staff review all CDC grantees' monthly reports and provide feedback on a monthly basis. Field staff review each grantee's accomplishments against the Annual Action Plan. The progress of each grantee on implementing the annual action plan is assessed by the responsible field staff, which includes a quarterly rating. See Appendix B for the Progress Assessment Rating Form. The assessments are then reviewed by a work team to ensure inter-rater reliability.
7. The Director of Policy and Program Development, the Director of Public Education and Communication, the Tobacco Cessation Specialist and the Evaluation Specialist review the ratings at a group meeting quarterly.
8. A Site Visit Monitoring Report is completed during each site visit. (See Attached.)

OTHER MONITORING ACTIVITIES

Desk Reviews: TPCB reviews the subrecipient's single audit or program-specific audit results and evaluates audit findings and the subrecipient's corrective action plan as needed. Field team reviews iPTS data.

Budgets are reviewed midyear and intensively during the last six months of the of the grant year to assure that 100% of the funds are effectively used by the program:

100% Spending Plan is implemented each year. The process is noted in the contract addenda and implementation begins at mid year, when grantees and contractors are asked to review their progress and declare if they expect to spend 100% of program funds. If they expect not to spend all funds, Field staff will discuss local evidence-based options toward their annual action plan. If they do not have the capacity to spend all of their grant funds on evidence-based practices, they are asked to declare the funds available. Wish lists are developed by all stakeholders and the TPCB Management Team makes a decision about how to redirect funds so that 100% of the funds are spent on evidence-based tobacco prevention and control activities.

Telephone Reviews/Technical Assistance:

The Director of Policy and Program Development holds monthly Conference Calls with grantees and the field team to provide State updates and guidance and to hear local updates, success stories and barriers.

The Branch provides centralized training sessions for subrecipients

- Annually, training is given on changes to iPTS, the monthly reporting system
- Annually, an information exchange is held regarding the annual action plan for the upcoming year.

The TPCB conducts monitoring activities in a manner that will foster on-going communication between agencies and their subrecipients.

The Branch uses lessons learned through monitoring to provide consistent feedback to all of their subrecipients and to anticipate technical assistance needs in the next cycle of awards.

DOCUMENTATION:

The following information is contained in a file for each subrecipient:

1. Site Visit Monitoring Report Form (Attachment I)
2. Progress Assessment Rating Forms (Attachment II)

The TPCB Administrative Manager and Evaluation Specialist are the keepers of the files.

CORRECTIVE ACTION

- A. TPCB and DPH are authorized to implement cost disallowance and temporary withholding of funds as necessary without prior approval. When more stringent sanctions are required, the program:

1. Develops a proposed plan of action.
 2. Notifies the director or her designee of the problem, actions to date and proposed response.
 3. Requests approval of appropriate sanctions.
- B. The TPCB and DPH will ensure that all of its program areas are notified of sanctions that the Division approves to be implemented against a subrecipient. These sanctions can then be considered when assessing that subrecipient for assignment of a risk category if they apply for, or already receive, a sub-award from another program area.
- C. If necessary, DPH will request assistance from the DHHS Auditors Office or externally.

Attachment I
Tobacco Prevention and Control Branch
SITE VISIT MONITORING REPORT

Type on lines or **double click on check box** & select checked as the default value on pop-up menu.
Please attach site visit agenda to the report

Agency _____ *Date: _____

Local Representatives:

TPCB Representative: _____

Review the status of grant since the last site visit. (check yes or no)

	Yes	No
Does an AAP need to be approved, improved, or updated? (typical response is no)		
Are grant activities compatible with the Best Practice interventions as outlined in their AAP?		

*Grantee's infrastructure (check yes or no)

	Yes	No
Does the grantee have the necessary partners to implement activities?		
Are there work groups involving the grantee and partners in planning/implementing activities?		
Are training(s) planned for the next two month?		

If training is planned:

a. What topics? (optional)

b. Whom does the grantee have scheduled/planned as presenters or consultants?
(optional)

5. What resources can TPCB provide over the following two months? (optional)

6. *Does the grantee have any needs that require urgent attention? ___ Yes ___ No

a. *If yes, please describe the issue(s) that should be addressed

b. * If yes, what type of intervention is recommended? (optional)

7. Are additional TA resources are needed? ___ Yes ___ No (optional)

a. To whom will the grantee be referred?

8. Other Comments (optional)

Attachment II
Tobacco Prevention and Control Branch
2008-2009 Progress Assessment Rating (PAR)*

Grant Name: _____ Date Completed: _____

Field Coordinator: _____

Evidence of an increase of public and private smoke free policies for buildings and grounds with a focus on blue collar and service worksites.	Indicators	Scale	Rating
Policy Indicators	<i># governmental organizations or government regulated settings (e.g. buildings/grounds, public venues, recreational facilities, or government motor fleets) adopting smoke free policies permitted by the NC General Assembly</i>	1-2	0
	<i># of restaurants/worksites adopting smoke free policy for interior space or exterior space</i>	1-2	0
<u>Process indicators (rate all indicators as a single unit)</u>	<i># of restaurants added to smoke free dining list</i>		
	<i># of presentations to business leaders/employees</i>		
	<i># of surveys, interviews, focus groups, evaluations...</i>	1-2	0
	<i># of business leaders prepared as spokesperson</i>		
	<i># of media/promotional/educational messages published or aired</i>		0
Average Rating			0
Comments:			

Evidence of support for Smoke Free public policy	Indicators	Scale	Rating
Policy Indicators	<i># of organizations or individual sponsors that sign the NC Alliance for Health's "Resolution in Support of Eliminating SHS in NC's worksites and public Places"</i>	1-2	0
<u>Process indicators (rate all indicators as a single unit)</u>	<i># of surveys/AQM venues/scans/interviews with officials, influentials, and decision makers on the need for statewide smoking ban and/or local authority to go beyond state law</i>		
	<i># of meetings/presentations advocating for statewide smoking ban and/or local authority to go beyond state law</i>		
	<i># of media messages about the public health benefits or support of statewide laws eliminating SHS and/or restoration of local authority to go beyond state laws....</i>	1-2	0
	<i># of personal stories/quotes about need for sf public policies(Community Change Chronicle Entries)</i>		
	<i># of presentations of AQM findings to LHD, BoH and/or elected officials to build support for evidence based policies</i>		0
Average Rating			0
Comments:			

Tobacco Prevention and Control Branch
2008-2009 Progress Assessment Rating (PAR)*

Evidence of an increased utilization of Clinical Practice Guidelines	Indicators	Scale	Rating
Policy Indicators	<i># of partners, agencies and/or groups actively working to implement Clinical Practice Guidelines including promotion of Quitline</i>	1-2	
<u>Process indicators (rate all indicators as a single unit)</u>	<i># of local presentations/trainings to enable healthcare/dental professionals to offer 5A cessation counseling</i>		
	<i># of healthcare professionals prepared/trained to serve as spokesperson on benefits Clinical Practice Guidelines including Quitline</i>	1-2	
Average Rating			0
Comments:			

Evidence of worksite decision-makers and consumers enlisting employers to cover tobacco use cessation services	Indicators	Scale	Rating
Policy Indicators	<i># of employers that offer or significantly improve evidence based cessation coverage</i>	1-2	
<u>Process indicators (rate all indicators as a single unit)</u>	<i># of significant partners, agencies or working groups actively collaborating with your coalition to address formally tobacco use cessation coverage</i>		
	<i># of presentations made to worksite decision-makers, especially those that are going smoke-free or considering a smoke-free policy</i>	1-2	
Average Rating			0
Comments:			

Tobacco Prevention and Control Branch
2008-2009 Progress Assessment Rating (PAR)*

Evidence of the utilization of the full service Quitline	Indicators	Scale	Rating
Policy Indicators	<i># of healthcare facilities promoting the use of the Quitline</i>	1-2	0
	<i># of businesses or worksites that agree to promote the use of the Quitline (schools, restaurants...)</i>	1-2	0
<u><i>Process indicators (rate all indicators as a single unit)</i></u>	<i># of meetings/ presentations to agencies and organizations on the benefits of promoting the Quitline</i>		
	<i># of cessation media messages published or aired that promote the Quitline</i>	1-2	0
	<i># of follow-ups with worksites/business leaders on promoting Quitline (e.g. providing with promotional materials)</i>		
Average Rating			0
Comments:			

Evidence of awareness of research that cites a relationship between price of tobacco products and youth initiation	Indicators	Scale	Rating
<u><i>Process indicators (rate all indicators as a single unit)</i></u>	<i># of media messages published or aired including news/op ed/letters to editors</i>		
	<i># of meetings/presentations on public health benefits of excise cigarette tax</i>	1-2	3
	<i># of opportunistic events specific to the promotion of the cigarette tax</i>		
Average Rating			
Comments:			

Tobacco Prevention and Control Branch
2008-2009 Progress Assessment Rating (PAR)*

Evidence that awareness is promoted and stakeholders mobilized to foster compliance with 100% TFS policy (if not part of approved plan, skip)	Indicators	Scale	Rating
Policy Indicators	# of schools holding NOT classes, 5A counseling sessions, ATS classes, Quitline referrals or other evidence based interventions for students and staff	1-2	
<i>Process indicators (rate all indicators as a single unit)</i>	# of media messages supporting TFS enforcement that are published or aired including news or opinions and editorial/letters to editors # & names of partners, agencies, and/or groups formally addressing compliance # & name of school districts reporting that signage is displayed	1-2	
Average Rating			
Comments:			

Build Capacity of Tobacco Prevention and Control	Indicators	Scale	Rating
Policy Indicators	# of organizations or groups working as a partner on an initiative in one or more priority goal area	1-2	0
	# of contacts with members of local legislative delegation	1-2	0
<i>Process indicators (rate all indicators as a single unit)</i>	# of contacts to promote new partnerships # of effective implementations of 100% spending plan # of training sessions attended by staff or partners # of new opportunistic events	1-2	0
Average Rating			0
Comments:			

Tobacco Prevention and Control Branch
2008-2009 Progress Assessment Rating (PAR)*

Overall Progress Rating of Grant

Focus Area	Average Rating
<p>Evidence of an increase of public and private smoke free policies for buildings and grounds with a focus on blue collar and service worksites.</p> <p>Evidence of support for Smoke Free public policy.</p> <p>Evidence of worksite decision-makers and consumers enlisting employers to cover tobacco use cessation services.</p> <p>Evidence of an increased utilization of Clinical Practice Guidelines</p> <p>Evidence of the utilization of the full service Quitline</p> <p>Evidence of awareness of research that cites a relationship between price of tobacco products and youth initiation</p> <p>Build Capacity of Tobacco Prevention and Control</p> <p>Evidence that awareness is promoted and stakeholders mobilized to foster compliance with 100% TFS policy (if not part of approved plan, skip)</p>	0.0
Overall Average Rating	0.0